

**Application for Snow Removal Financial Assistance for Low-Income Seniors and Applicants with a Permanent Physical Disability  
2025/2026 Winter Season (November to April)**



## **Program Details**

Town Council has authorized a Financial Assistance Program to assist qualifying low-income seniors and/or applicants with a permanent physical disability with costs incurred from hiring a service provider to remove snow from their driveways.

**Qualifying applicants of a residential property can receive a rebate up to a maximum of \$400.**

## **Program Eligibility**

To qualify, the applicant must meet the following criteria:

1. Own and/or occupy the property on which the application is made as their personal residence, with direct driveway access to a **municipally assumed road**.

Tenants/renters must provide proof of residence (e.g. government-issued identification, lease agreement, recent utility bill or water bill);

2. Not live in condominium dwelling, land lease community, or private road for which the Town is not responsible for winter maintenance;

3. Not have applied for any other property for the same winter season; and,

4. Meet at least **ONE** of the following qualification types:

- a. Be a **low-income senior** (65+ years) at the date of application and in receipt of the monthly qualified Guaranteed Income Supplement (GIS) as provided under Part II of the Old Age Security Act (Canada).

Low-income senior applicants must provide a copy of the GIS eligibility letter from Service Canada, for the application year.

- b. Be an applicant with a **permanent physical disability** and not have an able-bodied person, capable of removing snow from the property residing at the address.

Applicants with a physical disability must provide **ONE** of the following:

- Copy of an Accessible Parking Permit issued by the Ministry of Transportation to the applicant;
- Proof of receipt of the Ontario Disability Support Program (ODSP); or,
- Medical proof from a Canadian Regulated Health Practitioner using the attached medical form, included as page three of this application.

## **How to Apply**

If you meet the criteria listed above, submit your completed application by **January 23, 2026** to:

### **Mail or Drop Off:**

Town of Wasaga Beach – Town Hall  
Attn: Finance Manager  
30 Lewis St  
Wasaga Beach ON L9Z 1A1

### **Email:**

Email a scanned copy to:  
[financemanager@wasagabeach.com](mailto:financemanager@wasagabeach.com)

### **Additional Questions?**

705-429-3844  
ext. 2239

This form may contain personal information as defined under the Municipal Freedom of Information and Protection of Privacy Act. This information is collected under the legal authority of the Municipal Act, 2001, S.O. 2001 c.25, as amended and will be used for establishing eligibility for snow removal financial assistance. Questions regarding this collection may be directed to the Clerk's office, 30 Lewis Street, Wasaga Beach, ON, L9Z 1A 705-429-3844.

**For inquiries contact: Treasury Department at 705-429-3844 ext. 2239  
Monday to Friday from 8:30 a.m. to 4:30 p.m. or visit: [www.wasagabeach.com/srfa](http://www.wasagabeach.com/srfa)**

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**Application Form**

Send your completed application along with the required supporting documentation to:

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Attn: Finance Manager  
30 Lewis St  
Wasaga Beach ON L9Z 1A1

**Email:**  
Email a scanned copy to:  
[financemanager@wasagabeach.com](mailto:financemanager@wasagabeach.com)

**Applications received after the January 23, 2026 due date will not be processed.**

<b>Last Name</b>		<b>First Name</b>		<b>Middle Initial</b>
<b>Address</b> (tenants/renters must provide proof of residence)			<b>Postal Code</b>	
<b>Date of Birth</b>			<b>Telephone Number</b>	
YYYY	MM	DD		
<b>Tax Roll #</b> (Refer to your property tax bill)			<b>Email Address</b>	
4364 -				
<b>Qualification Type</b> (applicants must meet at least <b>ONE</b> of the following qualification types):				
<input type="checkbox"/> <b>Low-Income Senior (65+)</b> Applicants must provide: <ul style="list-style-type: none"><li>• A copy of the Guaranteed Income Supplement (GIS) eligibility letter from Service Canada</li></ul>		<input type="checkbox"/> <b>Applicant with a Permanent Physical Disability</b> Applicants must provide <b>ONE</b> of the following: <ul style="list-style-type: none"><li>• A copy of an Accessible Parking Permit</li><li>• Proof of receipt of the Ontario Disability Support Program</li><li>• Medical proof from a Canadian Regulated Health Practitioner using the attached medical form.</li></ul>		
<b>Declaration:</b> I wish to apply for a grant under the Town of Wasaga Beach Snow Removal Financial Assistance Program and hereby certify that: <ul style="list-style-type: none"><li>• I own and/or occupy the qualifying property described in this application as my personal residence.</li><li>• This property is not a condominium dwelling, land lease community, or on a private road for which the Town is not responsible for winter maintenance.</li><li>• I have not claimed a snow removal grant for any other property during the same winter season.</li><li>• I am a low-income senior (65+ yrs) and receiving monthly Guaranteed Income Supplement, or am permanently physically disabled, and have no able-bodied person capable of removing snow from the property.</li></ul> I understand the qualifying terms and conditions as outlined.				
<b>Applicant Signature</b>		<b>Date</b>		
		YYYY MM DD		
<b>Incomplete or misleading information may result in the refusal of this application.</b>				

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**Ensure to keep a copy for your records**

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**Medical Information Form**

**NOTE:** Medical proof is **NOT** required if the applicant meets one of the other qualifications for a low-income senior or person with a permanent disability. Please refer to the qualifications listed on the first page of this application.

**Medical Information:**

Medical information must be completed by a Canadian Regulated Health Practitioner.

A licensed physician, chiropractor, nurse practitioner (extended class), physiotherapist, or occupational therapist may certify the applicant's condition on this application.

**Eligibility Requirements:**

A person who has been permanently confined to a wheelchair, restricted to the permanent use of crutches or braces, or otherwise be permanently disabled in such a way as to restrict physical mobility. The applicant has no able-bodied person capable of removing snow from the property residing at the address.

**Medical Certification:**

I hereby certify the applicant has a permanent physical disability and meets the necessary eligibility requirements as listed above.

**Name of Applicant** (please print)

**Applicant's Address** (please print)

**Signature of Regulated Health Practitioner**

**Date**

YYYY	MM	DD
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**Practitioner's Phone Number**

Please print or stamp name &  
address of Regulated Health  
Practitioner

**Additional Comments** (optional)

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**Reimbursement Form**

Throughout the winter, use this Reimbursement Form to track dates and the cost of each service. **For each service occurrence, you must obtain a signature from your service provider and/or attach receipts.** Sign, date and return your Reimbursement Form as soon as you have paid out your maximum allowance (\$400).

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**Additional Questions?**

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ext. 2239

**Note:** If your snow-clearing service provider requires payment in advance, you may submit your reimbursement form immediately with proof of payment.

**Reimbursement Forms received after July 30, 2026 will not be processed.**

**Payments for approved applications may not commence until February or as soon as is reasonable for the Treasury Department to process.**

**Name of Applicant:**

**Address:**

**Postal Code:**

**Email Address:**

**Track costs below (attach additional pages if necessary)**

Date of Service	Cost Incurred	Signature of Service Provider

**Applicant Declaration: I hereby certify the above information is correct.**

**Applicant Signature**

**Date**

YYYY

MM

DD

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